(d) Under the Drugs & Cosmetics Rules, 1945, State Licensing Authorities are responsible for monitoring the functioning of private drug testing facilities through a method of inspection and renewal of licences for the laboratories.

Objectives of National AIDS Control Organisation (NACO)

1926. SHRI VED PRAKASH P. GOYAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased Co state:

(a) what are the main objectives of National AIDS Control Organisaiton (NACO) and how far it has achieved its objectives;

(b) what was the budget of NACO during the last five years and sources of its fundings;

(c) what are the programmes that NACO is executing presently and what are the plans for future;

(d) whether Government for formulating a national policy document for prevention and control of AIDS; and

(e) if so, the details theeof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALA1): (a) The main objectives of National AIDS Control Organisation arc (i) to prevent HIV transmission; (ii) to decrease the morbidity and mortality associated with HIV infection and (iii) to minimize the socio-economic impact resulting from HIV infection by:

(i) Strengthening Programme management at central and State level.
(ii) Creation of awareness amongst high rist groups and general population.
(iii) Blood safety and rational use of blood.
(iv) Control of sexually transmitted diseases and condom promotion.
(v) Strengthening survellancc and diagnoses of HIV/AIDS cases; and
(vi) Training of medical officers and paramedical workers in management of HIV/AIDS cases and sexually transmitted diseases.

Under the blood safety component 815 public and voluntary sector blood banks have been strengthened by providing equipment and cash assistance.

504 Sexually transmitted Diseases clinical at medical colleges, district/taluka hospitals have been strengthened for early detection and prompt treatment of Sexually Transmitted Diseases patients.

On Account of the efforts made under the programme, the levels of the awareness are of the order of 60-65 percent on an average in urban areas and 35-40 percent in rural areas. The highest awareness levels arc in Tamilnadu where it is 95% in urban areas and 75% in rural areas.

(b) The budget of NACO for the last 5 years is as under.

1992-93	1554.32 lakhs
1993-94	1173.94 "
1994-95	2872.40 "
1995-96	3552.46 "
1996-97	7752.55 "
1997-98	6239.73 "

State-wise break-up is enclosed "Statement" (See below) The programme has been supported by Govt. of India, World Health Organisation and World Bank.

(c) In order to prevent and control the spread of HIV/AIDS in India, a comprehensive programme is currently under implementation throughout the country as a centrally sponsored scheme. The objectives of the programme remain the same but there is a greater thrust on setting up mechanism to address high risk population groups and to decentralise the implementation of the programme to the 'state level through the establishment of societies.

The National AIDS Control Organisation has developed a comprehenesive plan for the next five years, which includes:

* Upgradation of Programme Management
* Priority Targetted Interventions among High Risk populations
*Prevention among Low Risk Populations.
*Low-cost Care for people living with HIV/AIDS.
*Intersectoral Collaboration.

(d) and (c) Yes, Sir. Draft policy has been prepared and is under the process of finalisation.

Statement

National AIDS Control Programme
Release of Funds
States and UT-Wise

(Rupees in lakhs)

S.No.	State/UT	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98
		Grants Released	Grants Released	Grants Released	Grants Released	Grants Released	Grants Released
1.	Andhra Pradesh	106.74	25.09	257.73	432.00	425.00	425.00
2.	Arunachal Pradesh	20.63	8.24	12.19	65.81	80.00	25.00
3.	Assam	34.83	12.43	50.37	92.70	100.00	100.00
4.	Bihar	70.25	16.69	87.00	0.00	25.00	50.00
5.	Goa	26.91	7.87	41.82	0.00	25.00	50.00
6.	Gujarat	63.41	65.83	129.29	131.26	300.00	250.00
7.	Haryana	39.98	33.36	62.27	0.00	130.00	75.00
8.	Himachal Pradesh	82.75	22.93	87.27	156.75	115.00	225.00
9.	Jammu & Kashmir	2.80	37.32	12.35	0.00	25.00	25.00
10.	Karnataka	89.24	53.08	138.33	120.00	350.00	175.00
11.	Kerala	64.78	16.19	100.88	172.62	225.00	100.00
12.	Madhya Pradesh	75.05	62.29	217.79	137.00	425.00	150.00
13.	Maharashtra	146.67	219.69	292.60	300.00	900.00	950.00
14.	Manipur	29.53	31.72	52.50	113.58	200.00	150.00
15.	Meghalaya	2.00	21.98	40.29	18.00	35.00	25.00
16.	Mizoram	20.78	31.73	56.40	74.00	150.00	100.00
17.	Nagaland	31.70	30.00	67.33	107.00	190.00	155.00
18.	Orissa	52.27	19.82	126.10	0.00	50.00	75.00
19.	Punjab	40.75	11.99	64.50	80.00	225.00	75.00
20.	Rajasthan	52.86	47.64	123.84	90.00	375.00	225.00
21.	Sikkim	17.81	4.87	17.82	25.00	50.0(1	50.00
22	Tamil Nadu	145.42	153.25	277.44	650.00	1700.00	2000.00
23.	Tripura	27.46	32.73	3.00	38.00	50.00	50.00
24.	Uttar Pradesh	107.74	27.59	121.00	0.00	450.00	495.00
25.	West Bengal	101.04	22.86	185.64	288.82	600.00	100.00
26.	Pondicherry	19.15	8.74	10.18	55.04	400.00	0.00
27.	A & N Islands	17.08	22.23	31.27	50.59	7.00	31.09
28.	Chandigarh	14.25	22.70	28.65	51.70	45.91	28.00
29.	D&N Haveli	11.00	17.95	25.14	42.0(1	46.93	16.00
30.	Daman & Diu	5.(Ml	17.95	26.15	43.05	17.00	24.22
31.	Delhi	27.44	48.70	97.73	164.00	19.00	25.00
32.	Lakshadweep	7.00	18. 48	27.52	53.54	16.71	15.42
	TOTAL	1554.32	1173.94	2872.40	3553.46	7752.55	6239.73

National AIDS Control Programme Release of funds during 1998-99

(Rupees in lakhs)

S. No.	State	Funds Released
1.	Andhra Pradesh	650.00
2	Arunachal Pradesh	
3.	Assam	
4.	Bihar	110.00
5.	Goa	35.00
6.	Gujarat	
7.	Haryana	160.00
8.	Himachal Pradesh	100.00
9.	Jammu & Kashmir	
10.	Karnataka	335.00
11.	Kerala	
12.	Madhya pradesh	315.00
13.	Maharashtra	800.00
14.	Manipur	210.00
15.	Meghalaya	
16.	Mizoram	60.00
17.	Nagaland	160.00
18.	Orissa	
19.	Punjab	110.00
20.	Rajasthan	
21.	Sikkim	50.00
22	Tamilnadu	800.00
23.	Tripura	
24.	Uttar Pradesh	200.00
25.	West Bengal	350.00
26.	Pondicherry	40.00
27.	A&N Islands	
28.	Chandigarh	60.00
29.	D&N Haveli	
30.	Daman & Diu	
31.	Delhi	110.00
32.	Lakshadweep	
33.	Mumbai Distt. AIDS Society	350.00
	TOTAL	5005.00

CGHS Dispensaries outside Delhi

1927. SHRI PRAKANTA WARISA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is fact that the full-fledged C.G.H.S dispensaries of I.S.M. and H. are functioning at present in Delhi only, but not outside Delhi; if so, the reasons therefor;

(b) whether it is also a fact that Government have decided to open C.G.H.S. units in place of opening of full-fledged dispensaries which is not a system-based treatment to the I.S.M. and H. beneficaries; and

(c) whether "any proposal is under active consideration of Government to abolish the unit system in I.S.M. and H., by providing some para-medical staff in it; if so, by when and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) Yes, Sir. Due to financial and manpower constraints, it has not been possible to set up fullfledgcd CGHS dispensaries for ISM & H outside Delhi.

(b) Yes, Sir.

(c) No, Sir. It is not possible to do so at present due to shortage of funds and manpower.

Patent for Medicinal Plants of Dangs Forest

1928. SHRI PRAFULL GORADIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) how many Ayurvedic medicinal plants arc found in the forests of Dangs district of Gujarat;

(b) whether any special efforts have been made to grow these plants on a large scale;

(c) whether any pharmacy has been set up to process these herbs and manufacture Ayurvedic medicines; and

(d) if so, whether any effort has been made to obtain patents for these medicines?